

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE**COMMITTEE NAME** (Must be same as on Statement of Organization)**IMPORTANT:** Indicate type of committee you are reporting for: 4(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates**CANDIDATE COMMITTEES ONLY:**

Candidate Name

KYLE NORRIS

Political Party

Office Sought

CITY COUNCIL SEPT.

District (If Senate or House)

**FORM
DR-2**

(Rev. 07/2003)

**DISCLOSURE
REPORT****For Office Use Only**

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

SIGNATURE OF TREASURER (or person filing this report)

TELEPHONE

DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:I AM FILING A 3-1-04 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.
(report date)Indicate one ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a Notice of Dissolution is filed)

Local Committees, enter Date of Election

2-3-04County & Local Committees, enter County in
which Election is heldCLAY**STATEMENT OF CASH ON HAND****CASH ON HAND** at the beginning of the reporting period. (This is the total of all monies held
by the committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period, or must be zero if this is first report filed.) \$ 0**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) _____

1245.00

Schedule F: Loans Received total (Attach Schedule F) _____

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL\$

1245.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)...

1245.00

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report, balance must
be zero) (Attach DR-3) \$ 0****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 0****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 57.12****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ 0**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H) \$ _____☐ YES ☐ NO

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12-30-2003	ID# CK#	Rick Mishler 2514 West 14th Street Spencer, IA 51301		\$100.00	<input type="checkbox"/>
12-30-2003	ID# CK#	Jon Hjelm 1622 1st Avenue East Spencer, IA 51301		200.00	<input type="checkbox"/>
12-30-2003	ID# CK#	Tim Frank 1401 1st Avenue West Spencer, IA 51301		25.00	<input type="checkbox"/>
12-30-2003	ID# CK#	Tom Nelson Jr. 1712 4th Avenue West Spencer, IA 51301		100.00	<input type="checkbox"/>
1-2-2004	ID# CK#	Ron Sears 318 East 9th Street Spencer, IA 51301		100.00	<input type="checkbox"/>
1-2-2004	ID# CK#	Dave Hessman 1223 West 4th Street Spencer, IA 51301		25.00	<input type="checkbox"/>
1-13-2004	ID# CK#	Tom Nelson Sr. 409 Grand Avenue Spencer, IA 51301		50.00	<input type="checkbox"/>
1-21-2004	ID# CK#	Dave Jacobsen 928 West 4th Street Spencer, IA 51301		100.00	<input type="checkbox"/>
1-23-2004	ID# CK#	Ken Norris 2215 west 11th Street Spencer, IA 51301		200.00	<input type="checkbox"/>
1-26-2004	ID# CK#	Cliff & Bonnie Hoover 1909 24th Avenue West Spencer, IA 51301		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1000.00	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-26-2004	ID# CK#	Lori Black 2208 West 10th Street Spencer, IA 51301		\$20.00	<input type="checkbox"/>
1-26-2004	ID# CK#	Mel Henning 1407 CC Lane Spencer, IA 51301		25.00	<input type="checkbox"/>
1-28-2004	ID# CK#	Wayne & Barb Workman 320 North Grand Avenue Spencer, IA 51301		100.00	<input type="checkbox"/>
1-29-2004	ID# CK#	Larry Wigen 425 West 3rd Street Spencer, IA 51301		100.00	<input type="checkbox"/>
1-2-2004	ID# CK#	John Rahn 411 West 3rd Street Spencer, IA 51301		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 295.00	
TOTAL (if last page of this schedule)				\$ 1295.00	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1-12-2004	ID# CK#	Copytec 112 West 8th Street Spencer, IA 51301	Brochures	\$ 197.95
1-13-2004	ID# CK#	US Postmaster 11 East 18th Street Spencer, IA 51301	Postage	111.00
1-13-2004	ID# CK#	Perkins Office Solutions 21 East 4th Street Spencer, IA 51301	Envelopes	9.62
1-20-2004	ID# CK#	Copytec 112 West 8th Street Spencer, IA 51301	Brochures	165.85
1-22-2004	ID# CK#	US Postmaster 11 East 18th Street Spencer, IA 51301	Postage	66.60
1-27-2004	ID# CK#	Spencer Signs 518 4th Avenue East Spencer, IA 51301	Yard Signs	333.84
1-29-2004	ID# CK#	Spencer Daily Reporter 310 East Milwaukee Spencer, IA 51301	Advertising	294.00
1-29-2004	ID# CK#	Staples 706 11th St Sw Spencer, IA 51301	Business Card blanks	21.4
SUB-TOTAL				\$ 1200.26
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2-4-2004	ID# CK#	Spencer Realty, Inc. 1801 Highway Boulevard	Use of Phones, Computer, Secretary, and conference room	\$ 94.74
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 94.74
TOTAL (If last page of this schedule)				\$ 1295.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f))

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

The Committee to Elect Kyle Norris

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
12-20-2003	Brad Howe Breezy Meadow Lane Spencer, IA 51301		Voter Lists	\$ 7.12	<input type="checkbox"/>
1-15-2004	Jon Hjelm 1622 1st Avenue Ests		posters	50.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 57.12	
TOTAL (If last page of this schedule)				\$ 57.12	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)